ACTIVITY REGISTRATION FORM

Family Name				Evening Phone Daytime Phone	
Street Address State Zip				Emergency Phone	
City Resident (circle one) Yes No					
	20.00				
Participant Name	M/F	Birthdate	Shirt Size	Program Name	Fee
				T. 15 1 1 4	
Total Enclosed: \$					
Make Check or Money Order Payable To: Greenwood Parks & Recreation					
Mail To: Registration, Greenwood Parks & Recreation, 100 Surina Way, Greenwood, IN 46143					
WAIVER STATEMENT (MUST BE SIGNED TO PARTICIPATE) I recognize that, because of the potentially hazardous nature of this activity, an injury may be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render treatment as would be normal and I agree to pay the usual charge for such treatment. I now release, and forever discharge the City of Greenwood, the Greenwood Parks and Recreation Board, the Greenwood Parks and Recreation Department, their employees, agents, and assigns, from responsibility for any personal injuries, damage to property, or other loss causes by or having any relation to the activity (including but not limited to liability for negligent maintenance of the premises), whether or not caused by the negligence or fault of a released party. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I acknowledge further that there is no medical reason why my child and/or I cannot or should not participate in the activity. I understand that participants may be videotaped or photographed during this activity. I affirm under penalties of perjury that I am 18 years of age or older and have read this document and understand that it is a release of all claims. Signature					
Dantiain and Name	NA /E	Distinct of a to	Chint Cina	Duo anoma Noma	Гоо
Participant Name	IVI/F	bii thuate	Shirt Size	Program Name	Fee
				Total Enclosed: \$	
Make Check or Money Or Mail To: Registration, Gr				Recreation Irina Way, Greenwood, IN 4614	13
WAIVER STATEMENT (MUST I recognize that, because of the pot child, if I or my spouse cannot be copay the usual charge for such treating Greenwood Parks and Recreation D or other loss causes by or having an not caused by the negligence or fautheirs, executors and administrators.	BE SIGN tentially haz contacted, I ment. I nov epartment, ny relation t alt of a relea I acknowle ints may be	JED TO PARTICII ardous nature of this give my permission t w release, and foreve their employees, age o the activity (includ ased party. I unders edge further that the videotaped or photo	PATE) s activity, an injury no the attending physic discharge the City ents, and assigns, froing but not limited to tand that this release is no medical reasographed during this	nay be sustained. In the event of such an insician to render treatment as would be norm of Greenwood, the Greenwood Parks and Report responsibility for any personal injuries, deport in the property of the p	jury to myself or my al and I agree to ecreation Board, the amage to property, emises), whether or d that it binds my not participate in the
Signature Date Printed Name of Participant:					